PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/565,394			ing Date 23/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
FOR NUMBER FILED					NUMBER EXTRA			RATE (\$)	FEE (\$)	T .	RATE (\$)	FEE (\$)	
×	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		ı	N/A	1 LL (0)	i	N/A	300	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		ı	N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	Ε	N/A		N/A		l	N/A		1	N/A		
	TAL CLAIMS CFR 1.16(i))		22 minus 20 =		• 2		l	x \$ =		OR	X \$50 =	100	
INE (37	DEPENDENT CLAIM CFR 1.16(h))	S	4 minus 3 =		• 1			x \$ =			X \$200 =	200	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small entit additional 50 sheets or fract 35 U.S.C. 41(a)(1)(G) and 3			n size fee due for each n thereof. See							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.									1	TOTAL	600	
	APP	OED – P		OTHER THAN SMALL ENTITY OR SMALL ENTITY									
AMENDMENT	05/14/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 17	Minus	22		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 5	Minus	4		= 1		x \$ =		OR	X \$210=	210	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	210	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,16())		Minus			=		x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	**		-		x \$ =		OR	x s =		
Ä	Application Size Fee (37 CFR 1.16(s))]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
										OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". **The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

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